

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT District of Nebraska		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) Rose Brook Care Center, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Rose Brook Nursing Home	
Last four digits of Social-Security or other Individual's Tax-I D No./Complete EIN (If more than one, state all.)			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 106 5th Street Edgar, NE 68935 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Clay County, Nebraska <div style="text-align: right;">ZIP CODE 68935</div>		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 </div>			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3 a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY	

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Rose Brook Care Cent

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Jeanne Ackland, Director of Finance</u> Signature of Petitioner or Representative (State title) <u>Fillmore County Hospital</u> Name of Petitioner <u>05/18/2015</u> Date Signed Name & Mailing Address of Individual Signing in Representative Capacity <u>Jeanne Ackland</u> <u>1900 F. Street</u> <u>Geneva, NE</u>	<input checked="" type="checkbox"/> <u>Thomas Ashley 5-21-15</u> Signature of Attorney <u>Baird Holm, LLP</u> Name of Attorney Firm (If any) <u>1700 Farnam St., Ste. 1500, Omaha, NE 68102</u> Address <u>(402) 344-0500</u> Telephone No.	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Mary Lanning Mem. Hosp. Assn.</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <u>Shelly Cassidy</u> <u>715 N. St. Joseph St.</u> <u>Hastings, NE 68901</u>	<input checked="" type="checkbox"/> Signature of Attorney Name of Attorney Firm (If any) Address Telephone No.	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Brodstone Memorial Hospital</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <u>[NAME]</u> <u>520 E. 10th Street</u> <u>Superior, NE 68978</u>	<input checked="" type="checkbox"/> Signature of Attorney Name of Attorney Firm (If any) Address Telephone No.	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Fillmore County Hospital Found., 1900 F St., Geneva, NE</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>70,112.81</u>
Name and Address of Petitioner <u>Marry Lanning Mem. Hosp. Assn., 715 N. St. Joseph Ave</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>1,327.49</u>
Name and Address of Petitioner <u>Brodstone Mem. Hospital, 520 E. 10th Street, Superior, NE</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>857.05</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>72,479.34</u>

_____ continuation sheets attached

B 5 (Official Form 5) (12/07) – Page 2

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<p>x _____</p> <p>Signature of Petitioner or Representative (State title) <u>Fillmore County Hospital</u></p> <p>Name of Petitioner _____ Date Signed <u>05/18/2015</u></p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>Jeanne Ackland</u> <u>1900 F. Street</u> <u>Geneva, NE</u></p>	<p>x _____</p> <p>Signature of Attorney _____ Date _____ <u>Baird Holm, LLP</u></p> <p>Name of Attorney Firm (If any) _____ <u>1700 Farnam St., Ste. 1500, Omaha, NE 68102</u></p> <p>Address _____ <u>(402) 344-0500</u></p> <p>Telephone No. _____</p>	
<p>x <u>Shelly Cassidy</u></p> <p>Signature of Petitioner or Representative (State title) <u>Mary Lanning Mem. Hosp. Assn.</u></p> <p>Name of Petitioner _____ Date Signed <u>5/20/15</u></p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>Shelly Cassidy</u> <u>715 N. St. Joseph St.</u> <u>Hastings, NE 68901</u></p>	<p>x _____</p> <p>Signature of Attorney _____ Date _____</p> <p>Name of Attorney Firm (If any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p>	
<p>x _____</p> <p>Signature of Petitioner or Representative (State title) <u>Brodstone Memorial Hospital</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>[NAME]</u> <u>520 E. 10th Street</u> <u>Superior, NE 68978</u></p>	<p>x _____</p> <p>Signature of Attorney _____ Date _____</p> <p>Name of Attorney Firm (If any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p>	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Fillmore County Hospital Found., 1900 F St., Geneva, NE</u>	<u>Breach of Contract</u>	<u>70,112.81</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Marry Lanning Mem. Hosp. Assn., 715 N. St. Joseph Ave</u>	<u>Breach of Contract</u>	<u>1,327.49</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Brodstone Mem. Hospital, 520 E. 10th Street, Superior, NE</u>	<u>Breach of Contract</u>	<u>857.05</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>72,479.34</u>

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TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x
Signature of Petitioner or Representative (State title)
Fillmore County Hospital 05/18/2015
Name of Petitioner Date Signed
Name & Mailing
Address of Individual Jeanne Ackland
Signing in Representative 1900 F Street
Capacity Genava, NE

x
Signature of Attorney Date
Baird Holm, LLP
Name of Attorney Firm (If any)
1700 Farnam St., Ste. 1500, Omaha, NE 68102
Address
(402) 344-0500
Telephone No.

x
Signature of Petitioner or Representative (State title)
Mary Lanning Mem. Hosp. Assn.
Name of Petitioner Date Signed
Name & Mailing
Address of Individual Shelly Cassidy
Signing in Representative 715 N. St. Joseph St.
Capacity Hastings, NE 68901

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

x Sandra J. Broom CFO
Signature of Petitioner or Representative (State title)
Brodstone Memorial Hospital 5-19-2015
Name of Petitioner Date Signed
Name & Mailing
Address of Individual [NAME]
Signing in Representative 520 E. 10th Street
Capacity Superior, NE 68978

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Fillmore County Hospital Found., 1900 F St., Geneva, NE	Breach of Contract	70,112.81
Marry Lanning Mem. Hosp. Assn., 715 N. St. Joseph Ave	Breach of Contract	1,327.49
Brodstone Mem. Hospital, 520 E. 10th Street, Superior, NE	Breach of Contract	867.05
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims
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